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CONFIRMATION NO. 5671

<b>SERIAL NUMBER</b> 08/573,569	<b>FILING OR 371(c) DATE</b> 12/14/1995 <b>RULE</b>	<b>CLASS</b> 435	<b>GROUP ART UNIT</b> 1648	<b>ATTORNEY DOCKET NO.</b>
<b>APPLICANTS</b> HUNEIN F. MAASSAB, ANN ARBOR, MI; MARTHA L. HERLOCHER, ANN ARBOR, MI;				
<b>** CONTINUING DATA *****</b> This application is a CON of 08/082,846 06/29/1993 ABN <i>h</i>				
<b>** FOREIGN APPLICATIONS *****</b> <i>h</i>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 02/09/1996 <b>** SMALL ENTITY **</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <u>Examiner's Signature</u> <u>Initials</u>		<b>STATE OR COUNTRY</b> MI	<b>SHEETS DRAWING</b> 2	<b>TOTAL CLAIMS</b> 12
			<b>INDEPENDENT CLAIMS</b> 4	
<b>ADDRESS</b> 23639				
<b>TITLE</b> COLD-ADAPTED INFLUENZA VIRUS				
<b>FILING FEE RECEIVED</b> 2999	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	